



10-07-05

AF  
MM

Atty. Dkt. No. 15-NM-5334 (070191-0251)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Balloni et al.

Title: METHOD AND APPARATUS  
FOR REMOTE OR  
COLLABORATIVE CONTROL  
OF AN IMAGING SYSTEM

Appl. No.: 09/745,320

Filing Date: 12/21/2000

Examiner: Jaroenchonwanit

Art Unit: 2143

**CERTIFICATE OF EXPRESS MAILING**  
I hereby certify that this correspondence is being deposited with the  
United States Postal Service's "Express Mail Post Office To  
Addressee" service under 37 C.F.R. § 1.10 on the date indicated  
below and is addressed to: Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450.

EV 593170754 US 10/6/05  
(Express Mail Label Number) (Date of Deposit)

Carolyn Simpson

(Printed Name)

*Carolyn Simpson*  
(Signature)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated April 6, 2005, and in the Advisory Action dated August 8, 2005, finally rejecting Claims 1-76.

Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

Notice of Appeal Fee

To be paid as detailed below

Not required (Fee paid in prior appeal)

10/11/2005 TBESHAI1 00000033 070845 09745320

01 FC:1401 500.00 DA

10/11/2005 TBESHAI1 00000039 070845 09745320

02 FC:1253 1020.00 DA

The required fees are calculated below:

[ X ]	Notice of Appeal Fee	\$500.00
[ X ]	Extension for response filed within the third month:	\$1,020.00
[ ]	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
[ ]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,520.00

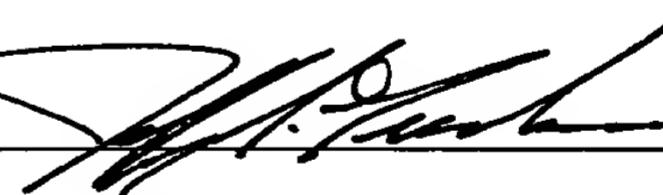
[ X ] Please charge Deposit Account No. 07-0845 in the amount of \$1,520.00. A duplicate copy of this transmittal is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/6/05

By 

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